

Rapiscan systems <small>An OGE Systems Company</small>		BAGGAGE/PARCEL CABINET X-RAY SYSTEM RADIATION LEAKAGE REPORT		FIELD SERVICE ENGINEERS		Form R-0588-3 9/9/09	
1. Name of Facility LAX		2. Region WEST		3. Street Address 1 WORLDWAY		45. RSI W.O.# Deferred W.O.#	
4. City LOS ANGELES		5. State or Province Code CA		6. Zip Code 90045			
7. Room No. or Other Physical Location of System 7B17 S LN 4		8. Person Interviewed		9. Telephone Number		10. Fax Number	
11. Manufacture Information & Certification Label Present <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		12. Radiation Measuring Instrument: FSE Shall Attach Copy of Calibration Certificate to This Form					
Manufacturer Rapiscan Systems Inc.		Model: 451 P		Serial No. 0484		Calibration Due Date: 03/18/11	
		13. System Model No. 820 DV AT		14. Single Source <input type="checkbox"/> Dual Source <input checked="" type="checkbox"/>		15. System Serial No. 7082123	
16. Date of Manufacture Mo. Yr. 6 2008		18. Facility Owner Has been notified of responsibility for "Application for Registration" with their State Radiation Control Agency <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			19. Customer has been notified of their responsibility for posting their State "Notice to Employees" Document and Posted in Several Conspicuous Locations so Employees Can View <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
17. X-ray Tube Serial Number(s) (V) P4060 (H) P4247		20. Operator Instructions Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			21. Maintenance Schedule Available <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		
22. Warning Label Present at Controls Stating: "Caution: X-Rays Produced When Energized" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		23. Warning Labels Present at Ports Stating: "Caution: Do Not Insert Any Part of the Body When System is Energized, X-Ray Hazard" <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			24. Two Indicators Labeled "X-Ray On" Present at Controls (including software user interface) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail		
25. At Least One Indicator, Marked "X-Ray On" is Visible from Each Port <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail				26. Captured Key: The Key for the Key Actuated Control Cannot be Removed in Any Mode that Allows X-Ray Generation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
27. All Doors and Access Panels To the X-Ray Beam Prevent Generation of X-Radiation <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail				28. Some Part of the Body Can Be Inserted Through a Port into The Primary Beam <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
29. Use of X-Ray Control Necessary to Resume Operation Following Interruption <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				30. Means Provided to Ensure Operator Presence at the Control Area X-ray located in a public access area <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
				Or X-ray located in a non-public access area <input type="checkbox"/> Not Required			
Repiscan Systems Test Procedure Used: Rapiscan Systems WI-0023-4		31. Scatter Block Description: <input type="checkbox"/> Two (2) Reams Copy Paper <input checked="" type="checkbox"/> Other, Describe: PELICAN CASE		32. Means Provided to Operator for Terminating Exposures of Greater than One-Half Second and Preventing X-rays (E-Stop Test) <input checked="" type="checkbox"/> Yes - Pass <input type="checkbox"/> No - Fail			
33. X-Ray Generator Settings 160.8 Kvp 1.007mA 160.8 1.007		Note: All Survey Measurements Shall be Obtained at 5 cm from All External Surfaces and at 5 cm from the Plane of All Access Port Openings or Shroud Extension Openings. Scatter Block shall be Stacked and Positioned Centerline of Primary Beam.					
34.1. Background Radiation: 3 uR/hr		Maximum External Surface Dose Rate Not to Exceed 500 uR/hr at 5 cm from all external surfaces.					
34.3 Record All Readings in uR/hr Unless Otherwise Noted							
Please see model specific diagram (attached)							
36. Overall Condition of Lead Drapes: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail Description		37. Overall Condition of Machine: <input checked="" type="checkbox"/> SAT - Pass <input type="checkbox"/> UNSAT - Fail		38. Comments, Corrective Action and/or Recommendations: Dose per inspection 270 uR			
39. Surveyor Name (Print L, F, M) [Redacted]		40. Surveyor Signature [Redacted]		41. Date of Survey 11/4/10		42. Time of Survey: 0300	
The Surveyor has inspected, tested and certified this x-ray machine is in compliance with U.S. FDA 21 CFR 1020.40 and equivalent international radiation emission leakage standards.		43. I, [Redacted] have received a copy of this Radiation Survey Report and understand the responsibility to retain this report for State inspection. Signature: [Redacted] Date: 11/4/2010					

This report is to certify this x-ray unit has been surveyed for radiation leakage emissions and found to be within the regulatory radiation emission limit. The safety features, controls and indicators incorporated in the x-ray unit have been satisfactorily tested and/or inspected. The owner of this x-ray unit is responsible for State Radiation Control Agency compliance (not applicable for facilities exclusively operated by the Federal Government) and for the safe use and routine inspection, general maintenance and cleanliness of this x-ray unit. Only trained and qualified individuals should operate this equipment.

Rapiscan systems An OGE Technology Company	MODEL 620DV OR 500 SERIES EQUIVALENT RADIATION LEAKAGE SURVEY FORM	MODEL 620DV FSE SURVEY FORM	FORM FSE-R-0047-620DV-1
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FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY

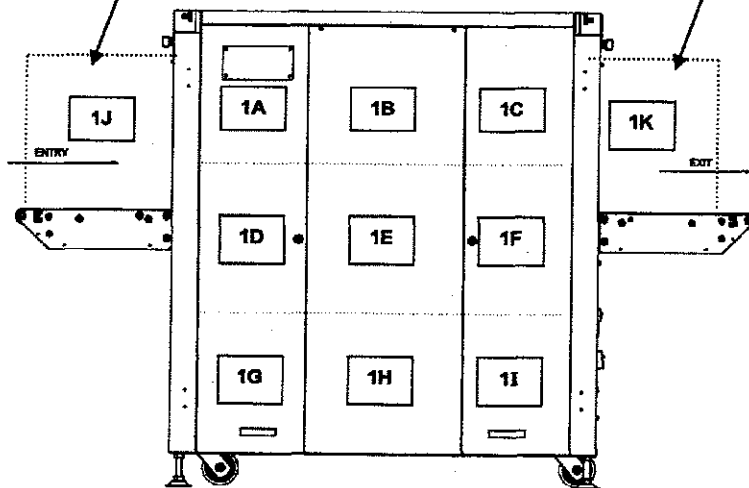
United States and Canada External Surface Radiation Leakage Limit is 5.0 uSv/hr at 5 cm (500 uR/hr)

Global External Surface Radiation Leakage Limit is 1.0 uSv/hr at 5 cm (100 uR/hr at 5 cm)

Date: <u>11/4</u>	Location Manufactured: (Check One) Malaysia <input type="checkbox"/> UK <input checked="" type="checkbox"/> US <input type="checkbox"/>	Instrument Model No: <u>457P</u>
Time: <u>0300</u>	Date of Mfg: <u>6/2008</u>	Instrument Serial No: <u>484</u>
Background: <u>3</u> uSv/hr (<u>3</u> uR/hr)	Serial No: <u>7082123</u>	Instrument Calibration Due: <u>3/16/11</u>
All Measurements Recorded in: <u>uSv/hr</u> <input checked="" type="checkbox"/> <u>uR/hr</u> (Check One)	Settings: <u>160-8</u> kvP <u>1.007</u> mA Settings: <u>160-8</u> kvP <u>1.007</u> mA	Description of Scatter Body: (Check One) <input checked="" type="checkbox"/> Paper (2 Reams, 500 sheets each) <input type="checkbox"/> Wood Block (4" x 4" x 12" L) <input type="checkbox"/> Other

Survey Side of Shroud If Present

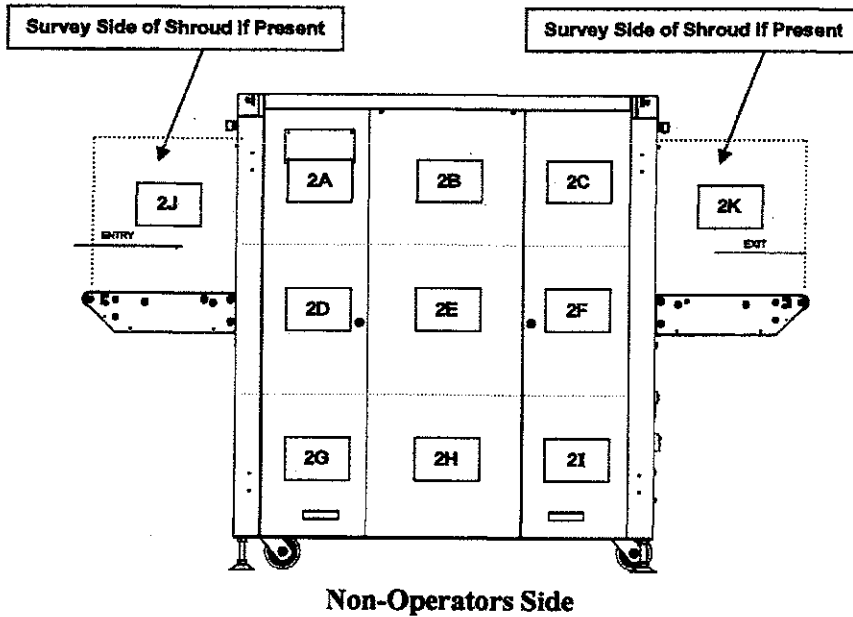
Survey Side of Shroud If Present



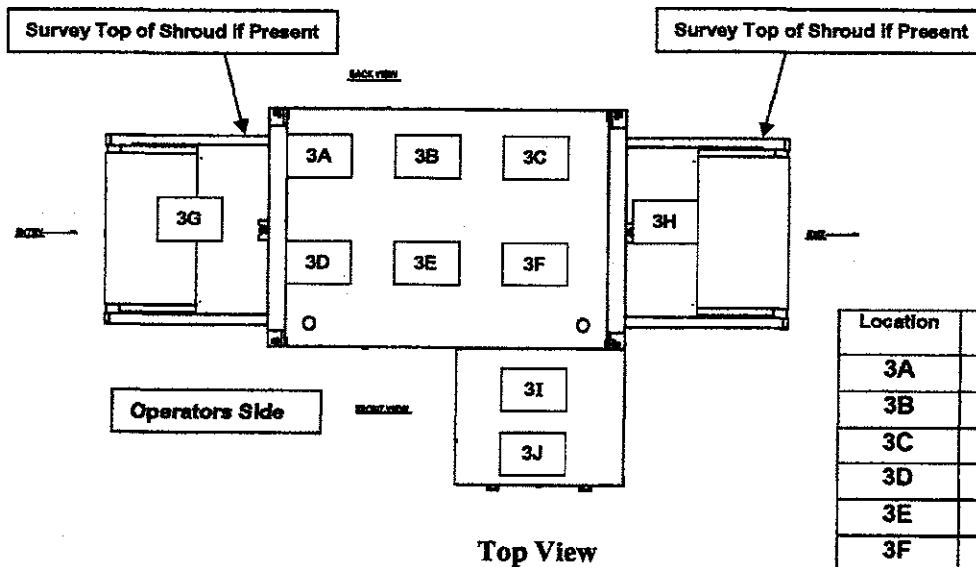
Operators Side

Location	Results NO Scatter Body	Results WITH Scatter Body
1A	5	9
1B	8	12
1C	10	13
1D	8	13
1E	14	19
1F	20	22
1G	3	5
1H	13	16
1I	10	12
1J	27	32
1K	47	51

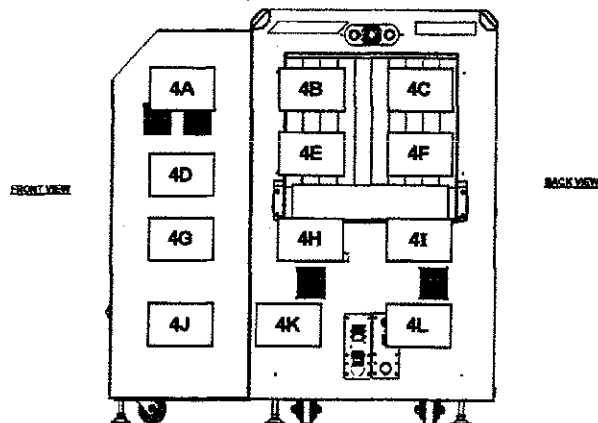
FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY



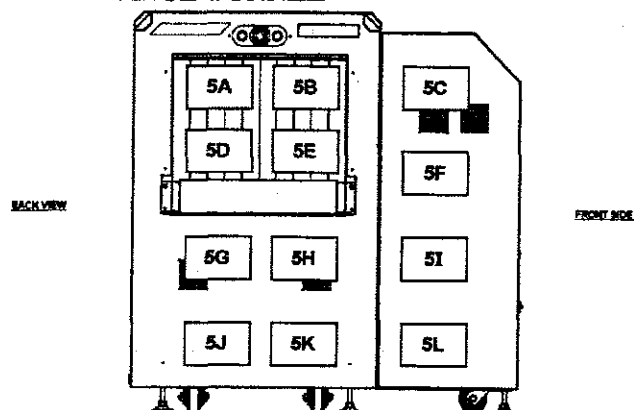
Location	Results NO Scatter Body	Results WITH Scatter Body
2A	3	5
2B	2	10
2C	7	9
2D	14	18
2E	19	22
2F	13	16
2G	6	8
2H	7	9
2I	5	7
2J	50	53
2K	171	182



Location	Results NO Scatter Body	Results WITH Scatter Body
3A	11	7
3B	9	12
3C	8	14
3D	7	9
3E	6	9
3F	5	11
3G	48	50
3H	27	30
3I	15	16
3J	10	12

FIELD SERVICE ENGINEERS RADIATION EMISSION SURVEY
EXIT TUNNEL


Location	Results NO Scatter Body	Results WITH Scatter Body
4A	20	22
4B	51	55
4C	48	52
4D	15	19
4E	52	57
4F	30	84
4G	3	9
4H	9	11
4I	55	57
4J	1	3
4K	18	43
4L	21	27

ENTRANCE TUNNEL


Location	Results NO Scatter Body	Results WITH Scatter Body
5A	27	31
5B	38	41
5C	20	27
5D	31	42
5E	42	46
5F	22	26
5G	5	7
5H	9	15
5I	17	20
5J	5	7
5K	12	15
5L	14	17

Instructions:

- If shrouds are NOT installed, radiation measurements shall be taken 5 cm from the lead drapes.
- If shrouds are installed, radiation measurements shall be taken at the imaginary plane of the shroud opening.
- Lead Drapes should touch the conveyor. If they do not, check to verify x-ray radiation is not traveling down the conveyor where the gap exists between the lead drapes and the conveyor surface.
- Survey below the conveyor up against the cabinet near any gaps, mating surfaces, and photo sensor cut-outs.

SURVEY PERFORMED BY:

DATE:

11/4/10